



Meeting the Critical Needs of Public Health Programs

Preventive Health & Health Services Block Grant 2003



"Public health is not simply the outcome from isolated efforts. Its mission is to ensure that organized approaches are mobilized when they are needed."

Institute of Medicine, 1988

The Role of Block Grant Funding

Categorical funds are the major source of dollars that CDC provides to public health agencies for programs to address health problems such as tuberculosis, cancer, and cardiovascular disease. Despite the efforts of these important programs, many critical public health needs remain inadequately funded or not covered at all by categorical funds.

To address some of these gaps in funding, Congress authorized the Preventive Health & Health Services Block Grant (PHHSBG) in 1981. The PHHSBG gives its 61 grantees (50 states, the District of Columbia, 2 American Indian tribes, and 8 U.S. territories) the autonomy and flexibility to tailor prevention and health promotion programs to their particular public health needs.

Flexible Funding for Public Health Efforts

An essential feature of PHHSBG funding is that it can be used to address health problems as they arise. PHHSBG dollars complement categorical and state funding or are used when no other source of dollars exists to address a health concern. In fiscal year 2002, approximately 43% of PHHSBG funds were distributed by the states to their local entities to address county and local public health needs.

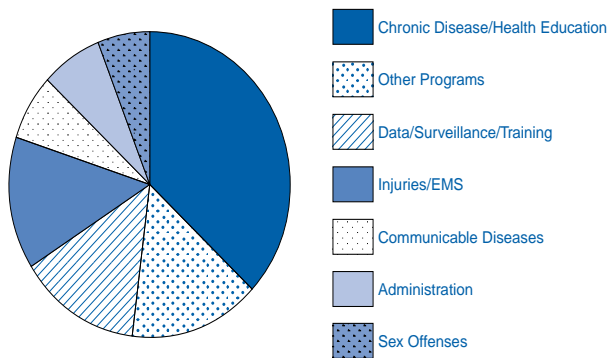
Role of Block Grant Dollars

Of block grant dollars distributed in fiscal year 2002,

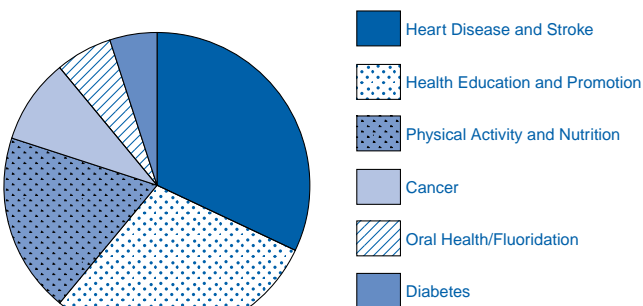
- 67% were used to fill in gaps in critical public health activities funded through other federal and state resources.
- 27% provided the only funding available to address a priority health problem.
- 4% were used to start up new projects.
- 2% went toward rapid response to emerging public health problems.

The value of flexible funding to address public health concerns has never been greater than it is as we enter the 21st century. Terrorist acts, anthrax scares, and a growing realization of the insidious nature of chronic diseases such as diabetes, arthritis, heart disease, and stroke have heightened Americans' awareness of the critical role of public health in ensuring the nation's health and safety. Flexible funding increases the states' ability to meet these challenges.

**PHHSBG Funding
by Health Programs**



**PHHSBG Funding
by Chronic Disease Programs**



Source: CDC, Grant Application and Reporting System (GARS), July 12, 2002.

The PHHS Block Grant in Action

Below are examples of four different ways in which the PHHSBG has played a critical role in supporting and improving the public's health in the past 2 years.

Rapidly Responding to Unexpected Health Threats

During an outbreak of dengue fever in Hawaii in September 2001, the PHHSBG provided the sole source of funding for a statewide campaign to alert the public about this emerging threat through press releases and conferences, print media, television, and radio messages. By helping residents reduce their exposure to potentially infectious mosquitoes, this education and communication effort resulted in the virus being rapidly contained.

Providing Supplemental Support for Categorical Funding

In 2000, an estimated 383,000 people in New Jersey had diagnosed diabetes, and 11.7% of hospitalizations in the the state in 1999 were related to diabetes. The South Jersey Diabetes Outreach and Education System (DOES) was recently established in five New Jersey counties. By improving diabetes management through increased awareness, screening, and follow-up, this system helps people with diabetes achieve glycemic control and prevent diabetes complications. The PHHSBG provides a vital 85% of the funding for DOES, thus making this program possible.

Providing Start-Up Dollars for Health Care Programs

In Washington State, only 9% of the population knows that moderate physical activity is recommended for at least 30 minutes each day. To increase the number of people who engage in regular and sustained physical activity, an initial \$25,000 from the PHHSBG was used to support a countywide physical activity program in Skagit County. The program promoted health and fitness education in schools, increased local government support for policies to improve walking and biking conditions, and initiated community physical activity programs like Kids Fun Run and mall walking programs. As a result of these

accomplishments, the Regence Northwest Health Management Organization awarded a \$600,000, 4-year grant to extend the physical activity interventions into three neighboring counties.

"If the PHHSBG did not exist, we would have to invent it. It is an indispensable public health resource. In Rhode Island, it has allowed us to greatly enhance our health information and communication for the public!"

Patricia A. Nolan, MD, MPH, Director
Rhode Island Department of Health

"The PHHSBG provides vital resources to build our capacity and infrastructure where there are no categorical federal funds or available state general funds when our local economy is weak. It is critical to our ongoing basic needs."

Garry McKee, PhD, MPH, Director
Wyoming Department of Health

Using PHHSBG Dollars When No Other Sources of State or Federal Dollars Exist

In Pennsylvania, more women than men die every year of heart disease. From May 22 through July 2, 2000, the Pennsylvania Department of Health implemented a "Women's Heart Health Awareness" media campaign. A 30-second TV ad was aired in three Pennsylvania television markets for 3 weeks, and a 60-second radio ad was aired in five Pennsylvania radio markets for 2 weeks. These spots were followed by special "For Women Only" TV spots that featured local women telling their personal stories of heart disease and its impact on the women and their families. Related campaign materials were distributed through the six district offices, contractors, and the state health information clearinghouse. Because the PHHSBG is the sole source of funding for the Heart Disease and Stroke Program in Pennsylvania, this awareness campaign would not have been possible without PHHSBG funding.

CDC's Leadership Role

The Centers for Disease Control and Prevention administers the PHHSBG and distributes the funds annually. CDC plays a vital role in ensuring that the states are accountable for how the funds are used and that state block grant coordinators have the skills and knowledge they need to do their jobs well.

Developing the Electronic Grant Application and Reporting System (GARS)

In 1994, the PHHSBG legislation changed to require states to submit a state plan that included selected health objectives from *Healthy People 2000/2010*, descriptions of health problems, target populations, and planned activities. To help track states' progress toward achieving their objectives, CDC worked with the states to develop the electronic Grant Application and Reporting System (GARS). GARS is an accountability tool that enables both the grantees and CDC to identify the role that block grant dollars play in addressing health problems at the state and local levels. Because GARS applications and reports are submitted electronically to CDC, this system has helped to streamline the grants process and decrease the burden on the grantees.

"Our new Project WISH partner program, launched with support from the PHHSBG, was designed to increase the rate of screening exams for breast and cervical cancer among low-income and uninsured women in the District. In just a few months, the rate of mammography exams has doubled. We are encouraged by the tremendous impact of such interventions."

*Elizabeth Neilson, MPH, MSN, Program Manager
Breast and Cervical Cancer Early Detection Program
District of Columbia Department of Health*

GARS (Grant Application and Reporting System) software:

- Ties award amounts to national *Healthy People 2010* objectives and establishes state-level health status objectives that reflect the national objectives.
- Describes the health problem and the target populations for the health problem.
- Describes impact and outcome objectives.
- Allows states to relate program activities to public health's 10 Essential Services, as identified by the Institute of Medicine.
- Allows states to identify the PHHSBG's role in funding health priorities.
- Enables states to complete an electronic annual report that describes changes in health objectives and progress toward completing program activities.

Sponsoring the Annual Coordinators' Workshop

The PHHSBG Coordinators' Policy and Training Workshop has been an annual event since 1994. The workshop increases the coordinators' skills and knowledge to help them better carry out their roles. It provides training in areas such as working with GARS, understanding block grant legislation, and helping the advisory committee establish priorities. The training workshops have empowered the block grant coordinators to perform their jobs more effectively by providing a forum for discussing the issues and challenges involved in working with the PHHSBG. The workshops have also enabled CDC, in cooperation with the grantees, to guide and influence the role and impact of PHHSBG funds on public health efforts at all levels.

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